Requesting Access to NDIIS

➢ *All required fields on the request for access form are indicated with an* *

1. If you are an immunization provider, check the box indicating that you are not a billing agency.
2. Enter the name and address of your provider location.
3. The Primary Contact information should be the primary vaccine contact for your provider site. This is the person who is authorizing you to have access to the NDIIS under the provider location entered above.
4. Click **Continue** to finish completing the form.

Welcome to The Healthcare Online Resource Registration.
The Healthcare Online Resource is an e-service offered to you by Blue Cross Blue Shield of North Dakota.

Please fill out as much information as you can. * indicates required fields. Once you have submitted your registration, THOR Support Services will set up your access and contact you with your THOR login information. If you are experiencing problems contact THOR Support Services: 1-800-544-THOR (8467)
THOR Support EMail: thor.support@thor.org

Site Demographics
Are you a Billing Agency? *
☐ Yes, provide billing services for a provider
☑ No, employed by the provider
(If yes is checked, complete the site information below using **your** exact legal name and physical address)

Site Name *

Address 1 *

Address 2

City *   State * ND ∨   Zip Code *   -

Primary Contact
The Primary Contact is the person authorizing user(s) access to THOR.

Name *

Phone *   (   )   -   ext.

EMail Address

Other Contact

Name

Phone   (   )   -   ext.

EMail Address

Continue   Clear Form

5. Enter the contact information for the person needing NDIIS access.
6. Click the check boxes for the *Bulletin Board and ND Immunization Information System*

⑤ User Information:

First Name *	[ ]	Last Name *	[ ]
Department	[ ]		
Phone *	([ ]) [ ] - [ ] ext. [ ]		
EMail Address	[ ]		

Electronic Services This User Will Access: *
Authorized users may customize their THOR access according to their business needs.
Place your cursor over the application names for a description.

☑ Bulletin Board   ☐ Membership   ☐ Provider Directory

☐ Claim Inquiry   ☑ ND Immunization   ☐ Preauthorization
                            Information System

☐ Claim Correction   ☐ Referral   ☐ Physician Payment Schedule

☐ Chiropractic Fee Schedule   ☐ Injectables/Other Pharmacy   ☐ Provider Data Exchange
                                       Fee Schedule

☐ Reference Lab List   ☐ Real Time Claims   ☐ Physician Request for a
                                                            Contraceptive Medication

☐ Electronic Payment Listings

7. Enter the name and the NDIIS provider ID of the provider site the user will need access to.
8. Select the type of security (View Only or Enter/Edit) the user will need.
9. If user will need access to additional NDIIS provider IDs, indicate the other providers by number and name in the comment box.
10. If requesting access for multiple users, click the **Add Another User** button.
11. When finished filling out user information for all staff needing access to NDIIS, click **Submit.**

To use the *North Dakota Immunization Information System (NDIIS)*, identify your state immunization provider number(s):

⑦ Provider Name

ND State Immunization Number

Type of Security Needed ⑧

Select One
View Immunizations Only
Edit, Update, Enter Immunizations

Add Row   Remove Row

⑨ Comments:

⑩ Add Another User   Clear Form   Submit ⑪